

Section 3B - MEDICINE USE

Statement J

Now I'd like to ask you about your experiences with medicines and other kinds of drugs that you may have used ON YOUR OWN - that is, either WITHOUT a doctor's prescription (PAUSE); in GREATER amounts, MORE OFTEN, or LONGER than prescribed (PAUSE); or for a reason other than a doctor said you should use them. People use these medicines and drugs ON THEIR OWN to feel more alert, to relax or quiet their nerves, to feel better, to enjoy themselves, or to get high or just to see how they would work.

(SHOW FLASHCARD 22)

1a. Have you EVER used any of these medicines or drugs?

Read list. (If "YES" to any drug category, ask: Which ones?)

Record specific drug(s) used.

1 ☐ Sedatives, for example, sleeping pills, bar-bit-your-ates, Seconal, Kway'-ludes, or Khlor'-all Hydrate - Specify ↓

2 ☐ Tranquilizers or anti-anxiety drugs, for example, Valium, Librium, muscle relaxants, or Zanax - Specify ↓

3 ☐ Painkillers, for example, Codeine, Darvon, Per'-ko-dan, Dill-odd'-id, or Demerol - Specify ↓

4 ☐ Stimulants, for example, Pray-lude'-in, Benzadrine, Methadrine, uppers, or speed - Specify ↓

5 ☐ Mariwa'-na, hash, THC, or grass - Specify ↓

6 ☐ Cocaine or crack - Specify ↓

7 ☐ Hallucinogens, for example, Ecstasy/MDMA, LSD, mescaline, Sillosy'-bin, PCP, angel dust, or pay-o'-tee - Specify ↓

8 ☐ Inhalants or solvents, for example, a'-mill nitrate, nitrous oxide, glue, tol'-u- een or gasoline - Specify ↓

9 ☐ Heroin

10 ☐ Any OTHER medicines, or drugs, or substances, for example, steroids, Elavil, Thorazine, or Haldol?

(SELECT MOST FREQUENTLY USED OTHER DRUG)

CHECK
ITEM 3.10

Is at least one category marked in 1a?

- 1 ☐ Yes - Classify as ever (drug) user
2 ☐ No - Classify as non (drug) user and SKIP to Section 3E, page 59

Section 3B - MEDICINE USE (Continued)				
<div>CHECK ITEM 3.11</div>	For every drug category marked in 1a, page 39, mark the corresponding category below and ask 2a - g for each marked drug category.	2a. How old were you when you FIRST used <i>(Name of drug category)?</i>	b. Did you use <i>(Name of drug category)</i> in the last 12 months only, before the last 12 months only, or during both time periods?	c. During the last 12 months, about how often did you use <i>(Name of drug category)?</i> <i>(SHOW FLASHCARD 23)</i>
1 <input type="checkbox"/> Sedatives	_____ Age	1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - <i>Ask column d</i> 3 <input type="checkbox"/> Both time periods →	<input type="text"/> Code	
2 <input type="checkbox"/> Tranquilizers	_____ Age	1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - <i>Ask column d</i> 3 <input type="checkbox"/> Both time periods →	<input type="text"/> Code	
3 <input type="checkbox"/> Painkillers	_____ Age	1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - <i>Ask column d</i> 3 <input type="checkbox"/> Both time periods →	<input type="text"/> Code	
4 <input type="checkbox"/> Stimulants	_____ Age	1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - <i>Ask column d</i> 3 <input type="checkbox"/> Both time periods →	<input type="text"/> Code	
5 <input type="checkbox"/> Marijuana	_____ Age	1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - <i>Ask column d</i> 3 <input type="checkbox"/> Both time periods →	<input type="text"/> Code	
6 <input type="checkbox"/> Cocaine or Crack	_____ Age	1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - <i>Ask column d</i> 3 <input type="checkbox"/> Both time periods →	<input type="text"/> Code	
7 <input type="checkbox"/> Hallucinogens	_____ Age	1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - <i>Ask column d</i> 3 <input type="checkbox"/> Both time periods →	<input type="text"/> Code	
8 <input type="checkbox"/> Inhalants/Solvents	_____ Age	1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - <i>Ask column d</i> 3 <input type="checkbox"/> Both time periods →	<input type="text"/> Code	
9 <input type="checkbox"/> Heroin	_____ Age	1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - <i>Ask column d</i> 3 <input type="checkbox"/> Both time periods →	<input type="text"/> Code	
10 <input type="checkbox"/> OTHER <i>Specify</i> ↓ _____	_____ Age	1 <input type="checkbox"/> Last 12 months only → 2 <input type="checkbox"/> Prior to last 12 months only - <i>Ask column d</i> 3 <input type="checkbox"/> Both time periods →	<input type="text"/> Code	

Section 3B - MEDICINE (Continued)

d. When was the most recent time you used <i>(Name of drug category)?</i>	e. Think about the time when you were using <i>(Name of drug category)</i> the most. At that time about how often did you use (it/them)? <i>(SHOW FLASHCARD 23)</i>	f. About how old were you when you FIRST BEGAN using <i>(Name of drug category)</i> that frequently?	g. About how long did that period last when you were using <i>(Name of drug category)</i> that frequently?
____ Day(s) ago <i>OR</i> ____ Week(s) ago <i>OR</i> ____ Month(s) ago <i>OR</i> ____ Year(s) ago	<div><div></div><div></div></div> Code	____ Age	<div><div>____ Week(s) OR ____ Month(s) OR ____ Year(s)</div><div>} <i>SKIP to next marked drug category</i></div></div>
____ Day(s) ago <i>OR</i> ____ Week(s) ago <i>OR</i> ____ Month(s) ago <i>OR</i> ____ Year(s) ago	<div><div></div><div></div></div> Code	____ Age	<div><div>____ Week(s) OR ____ Month(s) OR ____ Year(s)</div><div>} <i>SKIP to next marked drug category</i></div></div>
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____ Day(s) ago <i>OR</i> ____ Week(s) ago <i>OR</i> ____ Month(s) ago <i>OR</i> ____ Year(s) ago	<div><div></div><div></div></div> Code	____ Age	<div><div>____ Week(s) OR ____ Month(s) OR ____ Year(s)</div><div>} <i>SKIP to next marked drug category</i></div></div>
____ Day(s) ago <i>OR</i> ____ Week(s) ago <i>OR</i> ____ Month(s) ago <i>OR</i> ____ Year(s) ago	<div><div></div><div></div></div> Code	____ Age	<div><div>____ Week(s) OR ____ Month(s) OR ____ Year(s)</div><div>} <i>SKIP to next marked drug category</i></div></div>
____ Day(s) ago <i>OR</i> ____ Week(s) ago <i>OR</i> ____ Month(s) ago <i>OR</i> ____ Year(s) ago	<div><div></div><div></div></div> Code	____ Age	<div><div>____ Week(s) OR ____ Month(s) OR ____ Year(s)</div><div>} <i>Go to Check Item 3.12, page 42</i></div></div>

Section 3B - MEDICINE USE (Continued)		
CHECK ITEM 3.12	What is the time period marked in 2b for marijuana on page 40?	1 <input type="checkbox"/> Last 12 months only
	When did respondent use marijuana ?	2 <input type="checkbox"/> Before last 12 months only – <i>SKIP to 4</i>
		3 <input type="checkbox"/> Both time periods
		4 <input type="checkbox"/> Never (Blank) – <i>SKIP to Check Item 3.13</i>
3.	Now I would like to know a little more about your use of marijuana. On the days that you used marijuana in the last 12 months, about how many joints did you usually smoke in a single day?	_____ Number
4.	At the time you were using marijuana the most, about how many joints did you usually smoke in a single day?	_____ Number
CHECK ITEM 3.13	Is cocaine or crack marked in 1a?	1 <input type="checkbox"/> Yes
	Did the respondent use cocaine or crack?	2 <input type="checkbox"/> No – <i>SKIP to Check Item 3.13A</i>
5a.	Earlier you told me that you had used cocaine OR crack. Now please tell me, NOT COUNTING CRACK, have you ever used cocaine?	1 <input type="checkbox"/> Yes
b.	Did you use cocaine during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	2 <input type="checkbox"/> No – <i>SKIP to 9a</i>
6.	On the days that you used cocaine in the last 12 months, about how many grams or lines did you usually use in a single day?	1 <input type="checkbox"/> Last 12 months only
7.	At the time when you were using cocaine the most, about how many grams or lines did you usually use in a single day?	2 <input type="checkbox"/> Before last 12 months only – <i>SKIP to 7</i>
8.	In which of the following ways have you used cocaine? <i>Read each response category.</i> <i>Mark (X) all that apply.</i>	3 <input type="checkbox"/> Both time periods
9a.	NOT COUNTING COCAINE, have you ever used crack?	_____ Gram(s) OR _____ Line(s)
b.	Did you use crack during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?	_____ Gram(s) OR _____ Line(s)
10.	On the days that you used crack in the last 12 months, about how many rocks did you usually use in a single day?	1 <input type="checkbox"/> IV, through the veins?
11.	At the time when you were using crack the most, about how many rocks did you usually use in a single day?	2 <input type="checkbox"/> Injection under the skin?
12.	In which of the following ways have you used crack? <i>Read each response category.</i> <i>Mark (X) all that apply.</i>	3 <input type="checkbox"/> Smoking, freebasing?
CHECK ITEM 3.13A	Did respondent EVER use hallucinogens?	4 <input type="checkbox"/> Snorting, sniffing, breathing?
		5 <input type="checkbox"/> By mouth, drinking?
		6 <input type="checkbox"/> Other method?
		1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – <i>SKIP to Check Item 3.14, page 42a</i>

Section 3B - MEDICINE USE (Continued)

12m. (1) Did you EVER use ecstasy or MDMA?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item 3.14</i>
(2) Did you use ecstasy or MDMA in the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item 3.14</i>
(3) Did you use ecstasy or MDMA BEFORE 12 months ago, that is, BEFORE last <i>(Month one year ago)?</i>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 3.14	Are any 1's or 3's marked in 2 column b, page 40?	1 <input type="checkbox"/> Yes – <i>GO to 12a, page 43, ask columns a - e as appropriate</i> 2 <input type="checkbox"/> No – <i>GO to 12a, page 43, ask columns a and e only</i>